

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39561</i>
<i>Company Tracking Number:</i>	<i>HA AR0004455F02</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Accidental Death

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: AEGX-125727775 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: HA AR0004455F02

Co Status:

Author: SPI ADMSLH

Date Submitted: 07/09/2008

State Tr Num: 39561

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 07/09/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Accidental Death

Project Number: HA AR0004455F02

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/09/2008

State Status Changed: 07/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner Benafield Bowman:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/02/2008

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

The Physician Office Visit [& Wellness Benefit] Rider is being filed for your review and approval. This form is new and does not replace any existing form.

This rider will be used with our Group Accidental Death Insurance Policy, form AD1000GPM, et al, which was previously approved by your department on June 20, 1991.

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39561</i>
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<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

Kiimberly Taylor, AIRC, ACS

Company and Contact

Filing Contact Information

Kimberly Taylor, Contract Analyst
520 Park Avenue
Baltimore, MD 21201

kimtaylor@aegonusa.com
(410) 209-5261 [Phone]
(410) 209-5910[FAX]

Filing Company Information

Monumental Life Insurance Company
4333 Edgewood Road, N.E.
Cedar Rapids, IA 52499
(800) 553-5957 ext. [Phone]

CoCode: 66281
Group Code: 468
Group Name:
FEIN Number: 52-0419790

State of Domicile: Iowa
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	In Arkansas, the filing fee for a rider is \$20.00. We are filing a rider. Therefore, the filing fee is \$20.00.
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>HA AR0004455F02</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010064248	\$20.00	05/12/2008

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39561</i>
<i>Company Tracking Number:</i>	<i>HA AR0004455F02</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/09/2008	07/09/2008

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

Disposition

Disposition Date: 07/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39561</i>
<i>Company Tracking Number:</i>	<i>HA AR0004455F02</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT, AR - NAIC TRANSMITTAL DOC	Approved-Closed	Yes
Form	Physician Office Visit [& Wellness Benefit] Rider	Approved-Closed	Yes

SERFF Tracking Number: AEGX-125727775 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 39561

Company Tracking Number: HA AR0004455F02

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Accidental Death

Project Name/Number: Accidental Death/HA AR0004455F02

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AD1038RM	Certificate	Physician Office Visit Initial			40	AD1038RM.PDF
		Amendmen	t, Insert	Rider			
		Page,	Endorseme	nt or Rider			

PHYSICIAN OFFICE VISIT [& WELLNESS BENEFIT] RIDER

This Physician Office Visit [& Wellness Benefit] Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

[Upon receipt of due proof that a Covered Person was treated by a Physician in a Physician's office for Wellness, we will pay the Wellness Benefit as shown on the Schedule. Only one Wellness benefit is payable per calendar year.]

Upon receipt of due proof that a Covered Person was treated by a Physician in a Physician's office for the Necessary Treatment of Injury, [or Sickness] we will pay the Physician Office Visit Benefit as shown on the Schedule. [Treatment of Injury must occur within [30 – 90] days of the accident causing the Injury.] Only one Physician Office Visit Benefit is payable for each accident [or Sickness]. The maximum number of visits is stated on the Schedule.

Physician Office Visit includes visits to private practices and freestanding clinics – including urgent centers, public health clinics, family planning clinics, mental health centers and faculty practice plans. It does not include visits to hospital emergency or outpatient departments; freestanding ambulatory surgery centers; Department of Veterans Affairs medical offices; or industrial, occupational, or institutional clinics.

For the purposes of this Rider, the following definitions apply:

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed Necessary Treatment. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it medically necessary or covered by the Group Policy.

[SICKNESS] means an illness or disease which first manifests while insurance for the [Covered Person] is in effect under the Policy.]

[WELLNESS] means an office visit for routine examinations or other preventative testing.]

Benefits for this Rider will be paid in addition to any other benefits payable under the Policy.

This Rider is subject to all of the Policy provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

[This Rider takes effect and ends concurrently with the [Policy] [Certificate] to which it is attached.]

LIMITED BENEFIT, PLEASE READ CAREFULLY

MONUMENTAL LIFE INSURANCE COMPANY

A handwritten signature in cursive script, appearing to read "Stacy Boyer".

Secretary

A handwritten signature in cursive script, appearing to read "H. S. Hagan".

President

<i>SERFF Tracking Number:</i>	<i>AEGX-125727775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39561</i>
<i>Company Tracking Number:</i>	<i>HA AR0004455F02</i>		
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<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/HA AR0004455F02</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGX-125727775	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	39561
Company Tracking Number:	HA AR0004455F02		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Accidental Death		
Project Name/Number:	Accidental Death/HA AR0004455F02		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	07/09/2008
Comments:				
Attachment:				
	AR - READABILITY CERTIFICATION.PDF			

Bypassed -Name:	Application	Review Status:	Approved-Closed	07/09/2008
Bypass Reason:	Not applicable.			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	07/09/2008
Comments:				
Attachment:				
	Cover Letter.PDF			

Satisfied -Name:	AR - NAIC FORM FILING ATTACHMENT, AR - NAIC TRANSMITTAL DOC	Review Status:	Approved-Closed	07/09/2008
Comments:				
Attachments:				
	AR - NAIC FORM FILING ATTACHMENT.PDF			
	AR - NAIC TRANSMITTAL DOC.PDF			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Monumental Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
AD1038RM	40



Signed: _____

Name: Edward G. Weigand

Title: Assistant Secretary

Date: July 9, 2008 _____



Administrative Office | 520 Park Avenue | Baltimore | Maryland 21201-4500

July 9, 2008

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form Filing - AD1038RM
Health AD&D
Company Filing#: HA AR0004455F02
Monumental Life Insurance Company NAIC#: 468-66281 FEIN#: 52-0419790

Dear Commissioner Benafield Bowman:

The above Physician Office Visit [& Wellness Benefit] Rider is being filed for your review and approval. This form is new and does not replace any existing form.

This rider will be used with our Group Accidental Death Insurance Policy, form AD1000GPM, et al, which was previously approved by your department on June 20, 1991.

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Kimberly Taylor'.

Kimberly Taylor, AIRC, ACS
Filing Specialist
(800) 233-4624, ext. 5261
(410) 209-5910 (Fax)
Kimtaylor@aegonusa.com (E-mail)

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		HA AR0004455F02
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Physician Office Visit [& Wellness Benefit] Rider	AD1038RM	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company 4333 Edgewood Road, N.E. Cedar Rapids IA 52499	IA	A&H	468	66281	52-0419790	N/A

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Kimberly Taylor, AIRC, ACS 520 Park Avenue, MS #A507 Baltimore MD 21201	800-233-4624, ext. 5261	410-209-5910	kimtaylor@aegonusa.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	HA AR0004455F02
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____
		Group

9.	Type of Insurance	H02G Group Health - Accident Only
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10.	Product Coding Matrix Filing Code	H02G.000 Health - Accident Only
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11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
		<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	July 9, 2008
13.	Filing Fee (If required)	Amount <u>\$20.00</u> Check Date <u>05/12/08</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>7010064248</u>
14.	Date of Domiciliary Approval	07/02/2008
15.	Filing Description:	
	<p>The Physician Office Visit [& Wellness Benefit] Rider is being filed for your review and approval. This form is new and does not replace any existing form.</p> <p>This rider will be used with our Group Accidental Death Insurance Policy, form AD1000GPM, et al, which was previously approved by your department on June 20, 1991.</p> <p>All SERFF filing submission requirements have been met.</p> <p>We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Kimberly Taylor, AIRC, ACS</u> Title <u>Filing Specialist</u></p> <p>Signature <u></u> Date <u>July 9, 2008</u></p>		